

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K79654

Entity Name: AGLIME SALES, INC.**Current Principal Place of Business:**1375 THORNBURG RD
BABSON PARK, FL 33827-9549**Current Mailing Address:**P O BOX 60
BABSON PARK, FL 33827 US**FEI Number:** 59-2942009**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BASSETT, RAY L
1375 THORNBURG RD
BABSON PARK, FL 33827-9549 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	BASSETT, RAY L
Address	1375 THORNBURG RD
City-State-Zip:	BABSON PARK FL 33827-9549

Title	STD
Name	BASSETT, KAREN E
Address	1375 THORNBURG RD
City-State-Zip:	BABSON PARK FL 33827-9549

Title	VPD
Name	BASSETT, RYAN
Address	1375 THORNBURG RD
City-State-Zip:	BABSON PARK FL 33827-9549

Title	D
Name	BASSETT, JUSTIN
Address	1375 THORNBURG RD
City-State-Zip:	BABSON PARK FL 33827-9549

Title	AS
Name	GAILEY, VICKI L
Address	1375 THORNBURG RD
City-State-Zip:	BABSON PARK FL 33827-9549

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VICKI GAILEY

ASST SEC

01/25/2016

Electronic Signature of Signing Officer/Director Detail_____
Date